

☐ Additional information is set forth on separate sheets

of paper attached to this petition

PUBLIC EMPLOYMENT RELATIONS COMMISSION

PETITION FOR INVESTIGATION OF

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506 Mail: PO Box 40919, Olympia, WA 98504-0919 Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov DO NOT WRITE IN THIS SPACE

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QUESTION CONCERNING REPRESENTATION PUBLIC EMPLOYMENT ☐ Amended Petition in Case - E - -RELATIONS COMMISSION

Instructions: Other side of this form (page 2) Applicable Rules: Chapters 10-08, 391-08, and 391-25 WAC. The petitioner claims that a question concerning representation exists involving certain employees of the employer named below. EMPLOYER Skagit County **ATTORNEY OR** REPRESENTATIVE Robert Braun, 1 CONTACT PERSON Director, Billie Kadrmas ADDRESS 1326 - 5th Avenue, #339 ADDRESS Admin. Bldg., 700 S. 2nd Room 101 CITY, STATE, ZIP Mt. Vermon, WA 98273
TELEPHONE 360-336-9300 ext. CITY STATE ZIP Seattle, WA 98102 TELEPHONE 206-623-5155 ext. FAX 206-623-5155 E-MAIL bìllìe@co.skagit.wa.us E-MAIL b. braun@braun.consulting.com..... PETITIONER IFPTE Local 17 ATTORNEY OR REPRESENTATIVE ... CONTACT PERSON Carrie Blackwood ADDRESS ADDRESS 2900 Eastlake Ave. E., #300 CITY, STATE, ZIP Seattle, WA 98102 CITY, STATE, ZIP TELEPHONE 206-328-7321 ext. 120 TELEPHONE ext. FAX 206-328-7402 E-MAIL carrie@ifptel7.org INCUMBENT BARGAINING REPRESENTATIVE Indicate one. XXThe employees involved are not currently represented for bargaining; OR 🔲 The employees involved are currently represented by the organization below: **ORGANIZATION** ATTORNEY OR REPRESENTATIVE CONTACT PERSON ADDRESS ADDRESS CITY, STATE, ZIP CITY, STATE, ZIP TELEPHONE ext. TELEPHONE FAX SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit. **BARGAINING UNIT EMPLOYER'S PRINCIPAL BUSINESS** DEPARTMENT OR DIVISION INVOLVED NUMBER OF 20 County **EMPLOYEES IN UNIT** Development & Land Sycs. DESCRIPTION OF UNIT Indicate inclusions, exclusions, contract page or case/decision number. 1. Employees employed in Dept. of Planning and Development Services but excluding supervisors and employees currently represented by a labor organization. **DESIGNATION OF REQUEST** Indicate one. RECOGNITION REQUEST. The petitioner requests certification as \Box EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has exclusive bargaining representative of the bargaining unit. been presented with one or more demands for recognition (per attached ☐ CHANGE OF REPRESENTATIVE. The employees in the bargaining documentation) and requests a determination by the Commission. unit desire to designate the petitioner as their exclusive bargaining | EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a representative. good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining ☐ DECERTIFICATION. The employees in the bargaining unit no longer representative. desire to be represented by any employee organization. 9. AUTHORIZED SIGNATURE FOR PETITIONER PRINT NAME CAPPLE BLACKWOOD TITLE LINION REPRESENTATIVE OTHER RELEVANT FACTS Indicate, if applicable.

Backword DATE